

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 11
Registrar's No. _____

1. Place of Death: (a) County Apache (b) City or Town Eagar (c) Location Eagar (St. No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution none; In Community 1 day; in Arizona 1 day
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Apache (c) City or Town St. Johns
(If outside city limits also write RURAL)
(d) Street No. none (e) Citizen of foreign country (yes or No) no
If Yes, which country _____
3. (a) FULL NAME Dorothy Jarvis (b) If Veteran name war ✓ (c) Social Security No. none

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased April 15 1946
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs _____ min _____

9. Birthplace Eagar Arizona
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business _____

12. Name Earl Jarvis

13. Birthplace St. Johns, Arizona
(City, town or county) (State or Country)

14. Maiden Name Loree Hamblin

15. Birthplace Eagar, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Prudence Burr

(b) Address Eagar, Arizona

17. (a) Burial, Cremation or Removal Removal

(b) Place St. Johns, Ariz. (c) Date 4-16 1946

18. (a) Embalmer's Signature no embalming

(b) Funeral Director Don B. Heth

(c) Address Springerville, Arizona

19. (a) April 16 1946
(Date received local Registrar)

(b) Mrs. H. H. Heaster
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 15 1946
TIME (Hour and minute) 6:00 A.M.

21. I hereby certify that I attended the deceased from Birth to death
_____, 19____ to _____, 19____;
that I last saw her alive on April 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Patent Foramen Ovale - Congestive Failure Pulmonary
Due to non closure of Foramen

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

DURATION

8 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (b) Means of injury _____

23. Signature H. E. McElroy M. D.
Address Springerville Date signed 4-16-46